



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800001

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HINGHAM YACHT CLUB

DOING BUSINESS AS

ADDRESS 211 DOWNER AVE.

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: SHEA, MARY ANN TYPE OF LICENSE: Club

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH ONE ROOM AND GALLEY AND STOREROOMS PLUS ONE SMALL ROOM
ON A PARTIAL SECOND FLOOR. DETACHED BUILDING CONTAINING SMALL MEETING
ROOM AND AREA OUTSIDE OF THE CLUB ROOM, KNOWN AS DOCK, WHICH IS ADJACENT
AND CONNECTED TO SAID BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800002

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THOMPSON'S TAVERN, INC.

DOING BUSINESS AS LIBERTY GRILLE

ADDRESS 8 NORTH & 4 MILL STS.

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: THOMPSON, J.
CHRISTIAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST AND SECOND FLOORS OF A TWO STORY WOOD STRUCTURE. CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800003

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SOUTH SHORE LODGE # 1850 SONS OF ITALY IN AMERICA

DOING BUSINESS AS

ADDRESS 39 KILBY ST.

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: GONDVEER, ERIC TYPE OF LICENSE: Club
P.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE AND ONE HALF STORY WOOD STRUCTURE WITH ONE ROOM ON UPPER LEVEL;
BAR, KITCHEN, BANQUET HALL AND STOREROOM ON LOWER LEVEL

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800004

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SALSA'S OF HINGHAM INC.

DOING BUSINESS AS

ADDRESS 211 LINCOLN ST

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: LITTLEFIELD,
DAVID M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BRICK AND WOOD COLONIAL BUILDING; LOUNGE, DINING ROOM AND KITCHEN. CELLAR FOR MACHINERY AND STORAGE. THREE EXITS FROM MAIN FLOOR. TWO EXITS FROM CELLAR

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800005

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OCEAN KAI, INC.

DOING BUSINESS AS OCEAN KAI

ADDRESS 300 LINCOLN ST.

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: CHIN, DAVID

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800009

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EAT WELL, INC.

DOING BUSINESS AS TOSCA

ADDRESS 14 NORTH ST.

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: DECARLI,
ARTHUR

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE DINING AREA AND ONE BAR AREA, DINING/FUNCTION AREA; 3 ENTRANCES PLUS
TWO EMERGENCY EXITS, ONE KITCHEN, ONE PREP KITCHEN, STORAGE AREA

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800010

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BE&E, INC

DOING BUSINESS AS THE SNUG

ADDRESS 114-16 NORTH ST.

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: BROWN, ELLEN
NALLY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS AND KITCHEN ON FIRST FLOOR OF A TWO STORY WOOD STRUCTURE.
CELLAR FOR STORAGE. FRONT DOOR ENTRANCE/EXIT, AND EXIT IN REAR OF BUILDING

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800011

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KAY'S HARBOR CORPORATION

DOING BUSINESS AS STARS ON HINGHAM HARBOR

ADDRESS 0002-4 OTIS ST.

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: KANE, EDWARD A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS (TWO DINING AREAS AND KITCHEN) CELLAR FOR STORAGE, IN A ONE STORY CONCRETE BLOCK BUILDING. ENTRANCE ON OTIS ST, AND REAR EXIT AND ONE EXIT ON EACH SIDE

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800012

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LIMA SPORTS, INC

DOING BUSINESS AS SOUTH SHORE SPORTS CENTER

ADDRESS 55 RECREATION PARK DR.

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: LIMA LAURINDO TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SECOND FLOOR MEZZANINE. LOUNGE LOCATED IN CENTER OF TENNIS CLUB BLDG.
ONE ROOM SEATING APPROX 60 PERSONS WITH ROOM FOR 30-40 PERSONS STANDING.
SERVICE COUNTER AT ONE END WITH STORAGE, SINK AND FOOD PREP AREA BEHIND.
SINGLE DOOR ENT/EXITS FROM/TO STAIRS AT END OF LOUNGE

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800014

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ASIAN FUSION, INC

DOING BUSINESS AS GOURMET GARDEN

ADDRESS 48 WHITING ST.

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: HUANG, RICKY
ZHONG QING
HUANG

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY WOOD FRAME BLDG WITH 3 SERVING ROOMS, LOCATED AT 48 WHITING ST. THREE FRONT ENTRANCES AND EXITS. TWO REAR EXITS AND ENTRANCES

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800015

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NINO'S STEAK & CHOP HOUSE, LLC

DOING BUSINESS AS

ADDRESS 415 WHITING ST.

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: CRUGNALE, NINO TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH 3 DINING AREAS, SEATING 96. BAR SEATING 13 PERSONS AND LOUNGE AREA, SEATING 16 PERSONS. ENT/EXIT FOR LOUNGE AND EACH DINING AREA. KITCHEN, STORAGE AREA AND SECOND FLOOR OFFICE. EMERGENCY EXITS

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800016

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PEPPER DINING INC.

DOING BUSINESS AS CHILI'S GRILL & BAR

ADDRESS 6 WHITING STREET

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: DuPUIS, ROBERT TYPE OF LICENSE: Restaurant F.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE RESTAURANT WITH LOUNGE SEATING A TOTAL OF 219 PERSONS AND OCCUPYING THE ENTIRE STRUCTURE. KITCHEN AND SERVICE AREA AT CENTER OF BLDG. STORAGE AND OFFICES ARE ON THE WEST SIDE OF A SINGLE STORY BLDG. NUMEROUS ENTRANCES AND EXITS.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800018

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERTUCCI'S RESTAURANT CORP.

DOING BUSINESS AS BERTUCCI'S BRICK OVEN RISTORANTE

ADDRESS 90 DERBY ST

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: ROCHA, KEITH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. ONE LARGE ROOM PARTITIONED INTO LARGE DINING AREA WITH SERVICE BAR AND WAITING AREA IN FRONT, KITCHEN AND PIZZA PREP AREA ONSIDE, BEER COOLER, DISHROOM, MECHANIC/ELECTRIC ROOM, OFFICE, WALK IN FREEZER, STORAGE AND EMPLOYEES LOCKER ROOM. OUTDOOR PATIO.

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3. the premises are now open for business (If not explain below)

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800019

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: E & S GROUP, INC

DOING BUSINESS AS HINGHAM LIQUORS

ADDRESS 118 NORTH STREET

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: IERARDI, JOSEPH TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
V.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A STAND ALONE WOOD/BRICK STRUCTURE. ONE FRONT AND ONE REAR
ENTRANCE/EXIT ON GROUND FLOOR. CELLAR TO BE USED FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

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DATE:

TELEPHONE NUMBER:

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(If disapproved explain)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800021

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Manaba, Inc

DOING BUSINESS AS MAIN STREET MARKET & DELI

ADDRESS 484 MAIN ST

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: Patel, Viktoria

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS ON ONE FLOOR WITH CELLAR AND ATTIC FOR STORAGE. SMALL SECTION TO THE LEFT REAR AREA OF PREMISES WILL BE USED FOR THE RETAIL PACKAGE GOODS STORE LICENSE. FRONT ENTRANCE FOR CUSTOMERS ON THE FRONT SIDE OF BLDG AND A CELLAR BULKHEAD IN THE REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800022

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HAT TRICK SIX, INC.

DOING BUSINESS AS THE CRACKER BARREL

ADDRESS 613 MAIN STREET

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: LeBlanc, paul

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM ON FIRST FLOOR OF A TWO STORY WOOD STRUCTURE, ATTACHED SHED FOR STORAGE, ENTRANCE AND EXIT ON FRONT AND REAR OF ROOM PLUS CELLAR UNDER MAIN FLOOR FOR STORAGE, THAT HAS SIDE ENTRANCE AND EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800024

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PACKAGING CENTER, INC.

DOING BUSINESS AS STOP & SHOP

ADDRESS 400 LINCOLN ST

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: GILBERTSON,
SCOTT A.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800025

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BARE COVE GOURMET WINE ANNEX, INC

DOING BUSINESS AS BARE COVE GOURMET WINE ANNEX

ADDRESS 79 WATER ST

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: CRAINE,
CAROLYN R

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800028

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: A.G.T. INC

DOING BUSINESS AS QUEEN ANN WINE & SPIRITS

ADDRESS 1 WHITING STREET

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: TRIFONE,
NICHOLAS V. III

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2281 SQ. FT. OF RETAIL SPACE ON THE FIRST FLOOR OF THE COMBINED PEREZ WHITING HOUSE AND NEW BLDG. AND 201 SQ. FT. OF STORAGE SPACE IN THE BASEMENT OF THE NEW BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800031

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHIPYARD VENTURES, LLC

DOING BUSINESS AS ALMA NOVE

ADDRESS 349 LINCOLN ST., BLDG. #38

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: WAHLBERG,
PAUL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISE WILL CONSIST OF A 3,430 SQ. FT. RESTAURANT AND A 1,512 SQ. FT. OUTDOOR PATIO MAIN ENTRANCE/EXIT LOCATED ON SOUTH SIDE OF BUILDING: EXITS ALSO EXIST ON THE NORTH, EAST AND WEST SIDES OF THE BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800033

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: G & B INC.

DOING BUSINESS AS EURO MART

ADDRESS 26 WHITING STREET

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: BELLAN,
BECHARA SIMON

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 STORY BRICK BLDG. WITH 1 MAIN ENTRANCE/EXIT ALSO A BASEMENT ENTRANCE.
THE BASEMENT WILL BE USED FOR DELIVERIES AND STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800034

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 121 DOUGLAS ASSOCIATES INC.

DOING BUSINESS A RALPH'S DERBY STREET WINE & SPIRITS

ADDRESS 94 DERBY ST

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: HERSOM, RALPH TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
S.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOCATED WITHIN DERBY STREET SHOPPES. ONE EXIT AND ENTRANCE AT FRONT, ONE
RECEIVING DOOR IN REAR, STORAGE AND RESTROOM IN THE REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800035

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EAT WELL, INC.

DOING BUSINESS AS CAFFE TOSCA

ADDRESS 15 NORTH STREET

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: ACERRA,
GREGORY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BRICK AND MASONRY BUILDING, ONE ENTRANCE TWO EXITS, TWO EMERGENCY EXITS, KITCHEN, BAKING AREA, RETAIL SPACE AND SMALL DINING ROOM WITH AN ATTACHED SEASONAL PATIO

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800037

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 99 RESTAURANTS OF BOSTON, LLC

DOING BUSINESS AS 99 RESTAURANT & PUBS

ADDRESS 428 LINCOLN STREET

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: MASURE, TERESA TYPE OF LICENSE: Restaurant
M.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800038

CITY OR TOWN **HINGHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **Webber Development LLC**

DOING BUSINESS AS **Scarlet Oak Tavern**

ADDRESS **1217 MAIN ST**

CITY/TOWN: **HINGHAM**

STATE: **MA**

ZIP CODE: **02043**

MANAGER: **Totman, Thomas A.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOUNGE, KITCHEN, 6 DINING ROOMS AND PATIO ON FIRST FLOOR, 4 DINING ROOMS AND PANTRY ON SECOND FLOOR OF A 2 1/2 STORY WOOD STRUCTURE WITH CELLAR AND BARN FOR STORAGE. ENTRANCE AND EXIT ON EAST, SOUTH SIDES AND EXITS ON WEST AND NORTH SIDES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800039

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CURRY, LLC.

DOING BUSINESS AS MUANG THAI

ADDRESS 74 NORTH ST

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: CURRY, ELMER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BRICK FRONT WOOD STRUCTURE, FRONTING ON NORTH STREET WITH TWO ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800040

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HINGHAM WINE MERCHANT LLC

DOING BUSINESS AS HINGHAM WINE MERCHANT

ADDRESS 74 NORTH STREET

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: SULLIVAN,MOIRA TYPE OF LICENSE: Package Store
A.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800044

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CROW POINT PIZZERIA, INC

DOING BUSINESS AS

ADDRESS 191 LINCON ST

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: GIKAS,
ATHANASIOS

TYPE OF LICENSE: General on
premise

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT 1ST FLR 2,090 SQ FT. PRIMARY ENTRY @ FRONT PRIMARY EGRESS SIDE
RIGHT. SECOND EGRESS REAR LEFT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
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Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800045

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THREE SQUARES A DAY, INC.

DOING BUSINESS AS THE SQUARE CAFE

ADDRESS 150 NORTH STREET

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: LIBBY, PATRICIA TYPE OF LICENSE: Restaurant
A

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800046

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BLACK ROCK GOLF CLUB, LLC

DOING BUSINESS AS

ADDRESS 25 CLUBHOUSE DRIVE

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: ALOJZ NOSKOVIC TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SEE ATTACHED

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800047

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RICHARD ABBADESSA & VICTORIA ABBADESSA MORTLAND

DOING BUSINESS AS VICTORIA'S BEER & WINE

ADDRESS 244 HULL ST

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

NO CHANGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800048

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KMC, LLC

DOING BUSINESS AS RUSTIC KITCHEN

ADDRESS 94 DERBY STREET

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: CAFARELLI,
JAMES G.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE FLOOR RESTAURANT WITH OUTDOOR PATIO, DINING ROOM, RESTROOMS IN BACK. BAR AND CAFE ON LEFT SIDE. PIZZA AND PASTA STATION ON RIGHT SIDE. 3 ENTRANCES/EXITS IN FRONT. REAR DELIVERY/EXIT AT KITCHEN. ONE DRY GOODS STORAGE, ONE OFFICE AND EMPLOYEE RESTROOM IN REAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800049

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAXX, LLC

DOING BUSINESS AS THE BOSTON GOLF CLUB, INC.

ADDRESS 19 OLD COUNTY ROAD

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: PATTERSON,
ROBYN M.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CLUBHOUSE BUILDING LOCATED WITHIN THE BOSTON GOLF CLUB WITH MULTIPLE
ENTRANCES AND EXITS AND AN ATTACHED OUTSIDE TERRACE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800050

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BURTONS GRILL OF HINGHAM, LLC

DOING BUSINESS AS BURTONS GRILL

ADDRESS 96 DERBY STREET

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: Slicis, Stephen

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE FLOOR RESTAURANT APPROX. 5900 S/F WITH ONE DINING ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800051

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LINDEN PONDS, INC

DOING BUSINESS AS LINDEN PONDS

ADDRESS 300 LINDEN PONDS WAY

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: Gonzales, Tomas
Omar

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800052

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VISTA VERDE CORP

DOING BUSINESS AS RAFFAEL'S AT THE SOUTH SHORE COUNTRY CLUB

ADDRESS 274 South St

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: RICCI, ELIO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

dining room, lounge and patio on first floor. Tv room, locker room, lunch room and bar. Two dining rooms on lower level and storage. Fourteen exits throughout restaurant...18 HOLE GOLF COURSE, ROVING BEVERAGES CART, A SNACK SHACK BEHIND THE 9TH GREEN AND A SEASONAL TENT ADJACENT TO LOWER DINING ROOM...

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800054

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHACK FOODS OF AMERICA LLC

DOING BUSINESS AS SUMMER SHACK

ADDRESS 96 DERBY STREET

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: WHITE, JASPER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

7000 SQ.FT WITHIN THE DERBY STREET SHOPPES PLAZA WITH TWO ENTRANCES/EXITS
LOCATED AT THE FRONT OF THE BLDG...AND TWO DOORS AT THE REAR, ONE FOR
DELIVERIES AND ONE SOLELY FOR PUBLIC EGRESS IN CASE OF AN EMERGENCY...THERE
IS A SEASONAL OUTDOOR PATIO

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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Boston, MA 02114
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800055

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHIPOTLE MEXICAN GRILL OF COLORADO LLC

DOING BUSINESS AS CHIPOTLE MEXICAN GRILL

ADDRESS 92 DERBY STREET

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: FORTE, GREGORY TYPE OF LICENSE: General on
premise

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CASUAL DINING MEXICAN RESTAURANT WITH TWO ENTRANCES/EXITS...ONE
ENTRANCE IS A DOUBLE DOOR FACING THE PARKING LOT TOWARDS ROUTE
3...THE SECOND ENTRANCE/EXIT IS A SINGLE DOOR LOCATED ON THE NORTHWEST SIDE
OF THE BUILDING WITH ACCESS TO THE NON-ENCLOSED SEASONAL PATIO...MALT
BEVERAGES WILL NOT BE SERVED ON THE PATIO

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800056

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE FRESH MARKET OF MASSACHUSETTS INC.

DOING BUSINESS AS THE FRESH MARKET

ADDRESS 11 ESSINGTON DRIVE

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: BLACK, MICHAEL TYPE OF LICENSE: Package Store
A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 20,864 SQ FT... SPECIALTY GROCERY STORE WITH A MAIN ENTRANCE ON THE WEST SIDE WITH AN ADDITIONAL ENTRANCE/EXIT ON THE EAST SIDE AND AN EMERGENCY EXIT ON THE SOUTH SIDE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800057

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SLESAR BROS. BREWING COMPANY

DOING BUSINESS AS HINGHAM BEER WORKS

ADDRESS 18 SHIPYARD DRIVE (NO. 1K)

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: SLESAR, JOSEPH D. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

9172 SQ FT RESTAURANT AND PATIO LOCATED ON FIRST FLOOR. . MAIN
ENTRANCE/EXIT ON SOUTH SIDE OF BUILDING- 2 ADDITIONAL EXITS AT NORTH FACE
OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800058

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HAI PHONG, INC.

DOING BUSINESS AS ZENDO ASIAN BISTRO AND LOUNGE

ADDRESS 25 SHIPYARD DRIVE SUITE 1C

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER: LE, DO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5904 SQ. FT. RESTAURANT AND PATIO LOCATED ON FIRST FLOOR AO 25 SHIPYARD DRIVE BLDG J MAIN ENTRANCE / EXIT LOCATED ON SOUTHWEST SIDE OF BUILDING; EXITS ALSO EXIST ON THE WEST, EAST AND SOUTH SIDES OF THE BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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239 Causeway Street
Boston, MA 02114
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800059

CITY OR TOWN HINGHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PARAGON FUNDING GROUP III, LLC

DOING BUSINESS AS WAHLBURGER'S

ADDRESS 19 SHIPYARD DRIVE

CITY/TOWN: HINGHAM

STATE: MA

ZIP CODE: 02043

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4,367 SQ FT RESTAURANT AND ADJOINING OUTSIDE PATIO AREA LOCATED ON THE FIRST FLOOR. MAIN ENTRANCE/EXIT LOCATED ON NORTH SIDE OF BUILDING; EXITS ALSO EXIST ON WEST AND SOUTH SIDES OF THE BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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(If disapproved explain)

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By:

DATE: